

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Headway Work Force Solutions, HWS, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount 1824.00		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6524		
Purpose of Expenditure Payroll for canvassers 10/8/16		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee Headway Work Force Solutions, HWS, , ,			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount 250.00		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6526		
Purpose of Expenditure Mileage for canvassers 10/8/16		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	2074.00
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 10 / 11 / 2016

Signature